

# CLAIMS ONLY

Application Number

10757516

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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50						
Total Indep	2		2			
Total Depend	16		16			
Total Claims	18		18			
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Total Depend						
Total Claims						

BEST AVAILABLE COPY